

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/628831	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	14	*	*
	IND.	DEP.	IND.	DEP.				
1								
2								
3	Canceled							
4								
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6								
7	Canceled							
8								
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16	Canceled							
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20	Canceled							
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29	Canceled							
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33	Canceled							
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39								
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41	Canceled							
42								
43	Canceled							
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy